

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

- OTATEMENT OF OROANIZATION	DIGITION ON O
1. Committee ID #: /38337	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election
2. Type of Filing:	and checks this box, the filing requirement of pre, post and annual
☑ Original	campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.
Amendment to Items: Eff. Date:	•
3. Full Name of Committee (must include Candidate's first	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
Antonio Cavaliere	a. Official Depository
and last name): Committee to elect Antonio Cavaliere 4a. Candidate Full Name (Last, First, M.I.): Cavaliere Antonio	Warren Bank. To Some of the China Control of the Co
4b. Political Party (if applicable):	Gartield Clinton
4c. County of Residence:	b. Secondary Depository
4d. Office Sought (Check one):	b. Secondary Depository
Governor Lt. Governor State Senator	
State Rep. Sec. of State Attorney Gen.	<u>εξ</u> ω
State Bd. of Ed. UofM Reg. MSU Trustee	12. This item applies only to Gubernatorial Candidate
WSU Gov. Supreme Court Appeals Court	Committees: Check if this committee intends to seek qualifying
Circuit Court District Court Probate Court	contributions or make qualifying expenditures.
l =	13. ELECTRONIC FILING: This item applies to committees that file with
Local or other please specify: Charter com aissioner	the Michigan Department of State Bureau of Elections only and does not
4e. District/Circuit # or Jurisdiction:	apply to Ballot Question Committees that file with the County Clerk's office.
5. Date Committee was Formed: 5-18-08	The Campaign Finance Act requires any committee that files with the
6a. Committee Phone #: \$10-540-0249	Secretary of State and spends or receives \$20,000 in the preceding calendar
ba. Comminee Phone #. 970 300 0	year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to
6b. Committee Fax #:	you free of charge to assist you in meeting this requirement.
6c. Committee E-mail Address:	Committee spent or received or expects to spend or receive in
6d. Committee Website Address:	excess of \$20,000 and is required to file electronically.
7a. Complete Comm. Mailing Address (May be PO Box):	** OR **
47508 Hugeline	Committee did not spend or receive or does not expect to spend
4750 B Hugelize Shelby Twp 48315	or receive in excess of \$20,000 and would like to file electronically voluntarily.
7b. Complete Comm. Street Address (May not be PO Box):	14. Verification: I/We certify that all reasonable diligence was used
same	in the preparation of the above statement and that the contents are
9 4	true, accurate and complete to the best of my/our knowledge or
	belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and
8. Treasurer Name and Complete Address:	completeness of each statement filed electronically by the committee.
· · · · · · · · · · · · · · · · · · ·	I/We certify that all reasonable diligence will be used in the
Antonio Cavaliere	preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and
47508 Angeline Shelby Tup 48313 Phone #: 410-560 0397	complete to the best of my/our knowledge or belief. (Sign Name
Shelly 1 48315	and Date)
Phone #: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	1-11-00
E-mail Address:	Candidate 6-16-08
9. Designated Record Keeper Name and Complete Address:	
Antonio Covaliene	6-16-08
The local of the state of	Current Treasurer
Phone #:	Designated Record Keeper (Required only if filing electronically)
E-mail Address:	Designated Newton Reches (Nedalled only It tilling electromoutly)